



DBAR DOGS

Start Date _____
Drop-off Time _____

End Date _____
Pick-up Time _____

Owners' Names: _____

Address: _____

Cell #1: _____

ok to send text photos

Cell #2: _____

ok to send text photos

Pet Name #1 _____

Age	Weight	Sex	Breed

Circle: Friendly May Bite Shy Walks Calm Barks Tugs
Skittish Treats Play Chews Generic Dog Food

Feeding Routine: _____

Past Medical: _____

Current Medical: _____

Agreement Initial _____

What is your liability coverage? Since this is a side business helping our neighbors and their pets we refrain from lawsuits and inviting problems. When DBar Dogs determines it is liable, liability will be for the maximum \$200. Liability results from the only the following: if pet runs off leash or pulls leash out of hands of walker and is lost or injured, if pet consumes any foreseeable foreign or poisonous object consumed on DBar Dogs Property, if pet is injured by another pet staying at DBar Dogs and was advised not to mingle/socialize pets together.

Agreement Initial _____

Surpassing Stays & Abandoned Pets: The last day of a stay is determined by the prepaid contract end date. If only 5 days are paid in full and pet stays on the 6th day, \$40 charge is assessed for each additional day. DBar Dogs allows a maximum of 5-days after the end of the prepaid contract to be extended until DBar Dogs considers pet abandoned and assumes ownership of all pet(s). DBar Dogs nor Drew has responsibility to return pet or share information about abandoned pet.

Client Initial: _____ In the case of emergency not related to liabilities stated above, I authorize Dbar Dogs to seek medical treatment for my pet and will repay for any cost of treatment up to a maximum of \$200. I do not hold Dbar Dogs liable for not seeking treatment costing more than \$200.

DBAR DOGS ONLY:	Cash	PayPal	Check#	Amount